

**APPLICATION DATA SHEET****Application Information**

Application number::	To be assigned
Filing Date::	June 23, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	No
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	Yes
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	3
Title ::	METHODS AND NUCLEIC ACIDS FOR ANALYSES OF COLORECTAL CELL PROLIFERATIVE DISORDERS
Attorney Docket Number::	47675-47
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	52
Small Entity?::	Yes
Petition included?::	No
Petition Type::	
Licensed U.S. Gov't Agency::	No
Contract or Grant No::	None

Secrecy Order in Parent Appl.?:

No

### **First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Cathy
Middle Name::	
Family Name::	Lofton-Day
Name Suffix::	
City of Residence::	Brier
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	23908-35 <sup>th</sup> Ave. W.
City of mailing address::	Brier
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98036

### **Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Andrew
Middle Name::	
Family Name::	Sledziewski
Name Suffix::	
City of Residence::	Shoreline
State or Province of Residence::	WA

Country of Residence::	US
Street of mailing address::	17736-15 <sup>th</sup> Ave. NW
City of mailing address::	Shoreline
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98177

### **Third Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Jörn
Middle Name::	
Family Name::	Lewin
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Lützowufer 24
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	10787

#### **Fourth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Fabian
Middle Name::	
Family Name::	Model
Name Suffix::	
City of Residence::	Seattle
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	734 Broadway Ave. E., Apt. 306
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98102

#### **Fifth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Tamas
Middle Name::	
Family Name::	Rujan
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	

Country of Residence:: DE  
 Street of mailing address:: Vinetastr. 7  
 City of mailing address:: Berlin  
 State or Province of mailing address::  
 Country of mailing address:: DE  
 Postal or Zip Code of mailing address:: 13189

### Correspondence Information

Correspondence Customer Number:: **22504**  
 Name:: Barry L. Davison  
 Street of mailing address:: 1501 Fourth Avenue, Suite 2600  
 City of mailing address:: Seattle  
 State or Province of mailing address:: WA  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 98101-1688  
 Phone number:: 206-628-7621  
 Fax Number: 206-628-7699  
 E-Mail address:: [barrydavison@dwt.com](mailto:barrydavison@dwt.com)

### Representative Information

Representative Customer Number::		<b>22504</b>
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### Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	